

**Columbia County
Board of Commissioners
County Government**

**Educational Reimbursement
Application Form**

SUBMIT COMPLETED APPLICATION IN DUPLICATE FOR APPROVAL PRIOR TO ENROLLMENT IN COURSE

Name:		Date:	
Position:	Division:	Department:	
Title of Course:		Name of Institution:	
Date Course Begins:	Length of Course:	Tuition Cost:	

Explain how you believe this course relates directly or indirectly to the improvement of your performance as an employee. (Please enclose a pre-printed course description).

EDUCATIONAL BACKGROUND:

Educational Institutions	Name & Address of Institutions	Major Course of Studies	Circle Last Year Completed	Circle Graduated?	Last Year Attended
High School			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other			1 2 3 4	Yes No	

Are you eligible for reimbursement under any other aid program (i.e., G.I. Bill)? (Circle): Yes No
If yes, please describe:

Are you presently working toward a Degree? (Circle): Yes No Associate Bachelor Advanced

What other educational programs have you completed?

ACTION BY:

SUPERVISOR/DEPARTMENT HEAD	APPROVED ____ DISAPPROVED ____	Signature:
HUMAN RESOURCES	APPROVED ____ DISAPPROVED ____	Signature:
If DISAPPROVED state reasons:		

AFTER COURSE APPROVAL, COMPLETION & ACHIEVEMENT OF "C" OR BETTER, PLEASE COMPLETE THIS BOTTOM PORTION. SEND TO HR DEPARTMENT.

I have completed the above course as per the attached certificate. I am still a full-time employee of Columbia County Government, and request that the tuition fee be refunded to me in accordance with the EDUCATIONAL REIMBURSEMENT PROGRAM. A copy of my grades and tuition receipt are attached.

Employee Social Security No:	Employee Signature:	Date:
Finance Department Refund Amt:	Date Reimbursed:	Authorized by:
		Date:

COLUMBIA COUNTY BOARD OF COMMISSIONERS

STATEMENT OF UNDERSTANDING

I have read and understand the Educational Reimbursement policy for employees of the Columbia County Board of Commissioners. I am submitting herewith my application for tuition reimbursement.

I understand and agree that if I receive tuition reimbursement benefits and voluntarily resign my employment with the Columbia County Board of Commissioners or I am dismissed for cause by the County within one year of receipt of any tuition reimbursement benefits, any and all such funds received must be returned by me to the County or I understand that the amount will be deducted from my final paycheck.

Employee Signature

Date

Employee Supervisor

Date